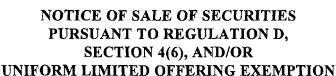
FORM D

ومنصور الانجار والمطأة ويورون

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	

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SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series Z Preferred Stock and Warrants to purchase Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE RECEIVED
A. BASIC IDENTIFICATION DATA	FEG A COOL
1. Enter the information requested about the issuer	7 - 2 0 0 2 0 0 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Tell Control
Therapheresis, Inc.	179 (6)
Address of Executive Offices (Number and Street, City, State, Zip Code) 6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121	Telephone Number (Including Area Code) 858-597-0001
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Biomedical device company	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	lease specify): FEB 0 7 2005 E
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	\	
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;	1	
Each beneficial owner having the power to vote or dispose, or direct the vote or dispositio	on of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and m	anaging partners of	partnership issuers; and
• Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Wiese, Larry Business or Residence Address (Number and Street, City, State, Zip Code)		
6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	r Director	General and/or
Executive office.	Director	Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·
Hedine, Karen		
Business or Residence Address (Number and Street, City, State, Zip Code)		
6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	r Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Silvetz, Robert		
Business or Residence Address (Number and Street, City, State, Zip Code)		
6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121		
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Mazepink, David		
Business or Residence Address (Number and Street, City, State, Zip Code)		
6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121		
Check Box(es) that Apply: Promoter Beneficial Owner Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Sandvik, Carin		
Business or Residence Address (Number and Street, City, State, Zip Code) 6650 Lusk Boulevard, Suite B-205, San Diego, CA 92121		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	r Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	r Director	General and/or Managing Partner
Full Name (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)		
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	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
2.	What is the minimum investment that will be accepted from any individual?	<u>\$ 6,0</u>	00.00
3.	Does the offering permit joint ownership of a single unit?	Yes 🔽	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		Ш
Ful	ll Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
010	(Check "All States" or check individual States)	∏ AI	l States
Fu	ll Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
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Fu	ll Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	ame of Associated Broker or Dealer		
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	□ Al	1 States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Am	ount Already Sold
	Debt	0.00	\$	0.00
	Equity		§ 1,	306,000.00
	☐ Common ☑ Preferred			
	Convertible Securities (including warrants)	0.00	\$	0.00
	Partnership Interests	0.00	\$	0.00
	Other (Specify)		s	0.00
	Total		s 1,	306,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors	Do	llar Amount Purchases
	Accredited Investors	26	\$ <u>1</u> ,	306,000.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security	Do	llar Amount Sold
	Rule 505		\$	0.00
	Regulation A		\$	0.00
	Rule 504	Common	\$	400.00
	Total	Common	\$	400.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	····· 2	\$	0.00
	Printing and Engraving Costs	·····	\$	0.00
	Legal Fees	2	\$	0.00
	Accounting Fees	·····	\$	0.00
	Engineering Fees	2	\$	0.00
	Sales Commissions (specify finders' fees separately)	Z	\$	0.00
	Other Expenses (identify)	2	\$	0.00
	Total	Z	\$	0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROC	coc_{EED}	H PRO	SE OF	AND USE	EXPLOSES	OF INVESTORS.	NUMBER	. OFFERING PRICE.	Cì.
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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gi	ross		\$ <u>3</u>	,000,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate f the payments listed must equal the adjusted gr	and			
			Of Dire	nents to ficers, ctors, & liates	P	ayments to Others
	Salaries and fees		S	0.00	2 \$.	0.00
	Purchase of real estate		5 \$	0.00	S	0.00
	Purchase, rental or leasing and installation of made and equipment	chinery	 \$	0.00	_	250,000.00
	Construction or leasing of plant buildings and fac	cilities	Z \$	0.00	S \$	0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another	🔽 \$	0.00	Z \$	0.00
	Repayment of indebtedness		5 \$	0.00		0.00
	Working capital		2 \$	0.00	7 \$.	1,700,000.00
	Other (specify): Patent and Legal Expenses		_\$	0.00	2 \$	50,000.00
	Regulatory Approvals and Clini	ical Trials		0.00	2 \$_	1,000,000.00
	Column Totals		. \$	0.00	2 \$_	3,000,000.00
	Total Payments Listed (column totals added)			2 \$ 3,0	000,00	0.00
	_	D. FEDERAL SIGNATURE			_	
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur nformation furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Con	ımission, u	pon writte		
	er (Print or Type)	Signature	Date			
	rapheresis, Inc.	Lesva // le lappin	Januar	y 13, 200	5	
	e of Signer (Print or Type)	Title of Signer (Print or Type)				
Da	vid W. Mazepink	President and Chief Executive Officer				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.	* * *	oresently subject to any of the disqualification Yes No
	Sec	e Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requir	furnish to any state administrator of any state in which this notice is filed a notice on Form red by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	o furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the s	ssuer is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability thing that these conditions have been satisfied.
	ner has read this notification and knows the cont thorized person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature Date
Therap	pheresis, Inc.	Law January 13, 2005
Name (Print or Type)	Title (Print or Type)
David	W. Mazepink	President and Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	NDIX			··········	
	Intend to non-accinvestors (Part B-I	credited in State	Type of security and aggregate (if yes offering price Type of investor and explate offered in state amount purchased in State waiver			Type of investor and			fication te ULOE attach ation of ranted) Item 1)
State	Yes	No	:	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
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CO		X	Series Z Preferred Stock and Warrants to Purchase Common Stock \$3,000,000	1	\$50,000	-0-	-0-		x
CT		X	Series Z Preferred Stock and Warrants to Purchase Common Stock \$3,000,000	2	\$100,000	-0-	-0-		X
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w	X	Series Z Preferred Stock and Warrants to Purchase Common Stock \$3,000,000	1	\$50,000	-0-	-0-	X
WI	X	Series Z Preferred Stock and Warrants to Purchase Common Stock \$3,000,000	2	\$100,000	-0-	-0-	X
WY			\$				
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